**Personal Information**

Name:

Email Address:

City:

State:

Zip Code:

Phone:

**Employment (with Tri-State) Information**

Are you a current employee with Tri-State? **Yes No**

What was/is your position with Tri-State (*Please select all that apply*)?

(a) **Flight Paramedic** (b) **Flight Nurse** (c) **Pilot (Fixed Wing/Helicopter)**

(d) **Clinical Base Manager** (e) **Clinical Services Manager**

Were/Are you employed in New Mexico? **Yes No**

Start Date / / End Date (*If applicable*) / /

Were you Terminated/Fired from Tri-State? **Yes No**

Reason Tri-State gave for your Termination? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did you Resign/Quit your Employment with Tri-State? **Yes No**

Reason for your Resignation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*For Flight Paramedics/Nurses Only –*

Were you paid time and one half when you worked over forty (40) hours in a workweek? **Yes No**

*For Pilots Only –*

Were you paid overtime for any hours in excess of twelve (12) per shift? **Yes No**

Were you paid overtime when you worked an extra shift? **Yes No**